

Access to Recovery ATR 4

Child Protection Population

Revised January 2015

ATR 4 Overview

- SAMHSA grant to provide Substance Use Disorder (SUD) services to specific populations. Idaho is one of only six applicants to receive this grant
- Focus on a client-centered approach and client choice in treatment services and planning
- ATR 4 and all grant funded services will expire September 29, 2017

Priority Populations

- Veterans with SUD on supervised probation or parole who are involved in a problem solving court
- Homeless individuals and families
- Court-involved Child Welfare families with SUD
 - A “court-involved” child welfare case is a case where a family has an open petition in a child protection proceeding placing the child(ren) either in the legal custody of, or under the protective supervision of, the Department. ATR 4 provides access to both voluntary and involuntary court-involved child welfare cases.

Referral Sources

ATR - Veterans

- Veterans Treatment Court Coordinators, Felony Parole/Probation Officers, and Misdemeanor Probation Officers will refer clients to BPA

ATR - Homeless

- Community-based organizations will refer clients to BPA

ATR - Child Welfare

- Substance Abuse Liaisons from FACS will refer court involved clients into ATR 4 via the paper pathway to BPA
- Child Protection Drug Court Coordinators from ISC will refer clients via the paper pathway to BPA

Services

Some of the services available in ATR 4:

Treatment Services

- Intensive Outpatient
- Outpatient

Recovery Support Services (RSS)

- Case Management
- Drug Testing
- Transportation
- Life Skills
- Safe and Sober Housing

**ATR 4 will not cover residential*

CP-SUD or ATR 4?

Any eligible client should be referred to ATR 4 before they are referred to CP-SUD. Clients will receive services under their original funding source unless the client is receiving ATR 4 funding and requires residential treatment. There must be 30 days between discharge and intake to be considered a separate treatment episode.

ATR 4 Funding

- Client is both child welfare and court-involved
- Client has not received CP-SUD funding in the past 30 days
- CP-SUD termination form will not be used on ATR 4 CP clients

CP-SUD Funding

- Client is currently receiving CP-SUD funding and becomes court-involved
- Client was discharged from CP-SUD funding within the past 30 days and is relapsing
- Client requires residential treatment
- Client is not court involved

Regulations

HIPAA and 42 CFR Part 2

- Community-based organization must have a release of information to communicate with the Treatment or RSS provider

Reporting requirements—Center for Substance Abuse Treatment (CSAT)

- Government Performance and Results Act (GPRA) required to be completed by Treatment providers at intake, 6 months, and discharge. In addition to meeting reporting requirements, it empowers the client to provide feedback of the program, let the Tx provider know how they are doing with their recovery, and see if additional services are necessary

Projections for Child Protection Clients

The average cost per client is projected at \$1,900

On average, ATR 4 clients are expected to receive services for 3-4 months

	Target Number Served	Budget
Year 1	360	\$769,015
Year 2	430	\$728,816
Year 3	400	\$786,776
Total	1,190	\$2,284,606

Child Protection Population Process Flow

Client comes to you for assistance. They appear to meet the general eligibility requirements for ATR 4

Complete the Funding Profile and fax to BPA. The liaisons will refer to the clients choice of providers and the coordinators will refer to the regional ISC provider

If the client is eligible according to the financial and priority population requirements, the GAIN is conducted and client is evaluated for clinical eligibility. The GAIN takes about 3 hours

Process Flow, cont.

If you are following the clients treatment, complete a Release of Information for Treatment and/or RSS provider

If the client meets the clinical eligibility requirements, they receive Treatment and Recovery Support Services

Client's case is reviewed regularly by BPA staff to determine continuing treatment needs

Contact Information

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